

REQUEST FOR NON-PUBLIC OSHPD DATA RELEASE FORM

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH STATISTICS
OFFICE OF HEALTH INFORMATION & RESEARCH

For CHS/OHIR Staff Use

Request #:

Date Rec'd:

Date Completed:

Requestor: _____ Department: _____

Branch: _____ Section: _____

Address: _____ City: _____ State/Zip: _____

Telephone: (____) _____ FAX: (____) _____

Which data files are you requesting? (Please check all that apply.)

☐ Patient Discharge Data ☐ Emergency Room Data ☐ Ambulatory Surgery Center Data

ON A SEPARATE SHEET OR ON THIS APPLICATION ELECTRONICALLY, PLEASE COMPLETE THE NUMBERED ITEMS. SIGN THE STATEMENT OF AGREEMENT TO MAINTAIN PATIENT CONFIDENTIALTY AND TRANSMIT A HARD COPY WITH ORIGINAL SIGNATURE TO THE ADDRESS ON PAGE 2.

1. What is the purpose for obtaining this data and how will the data be used? Please include whether the uses will include scientific research or human contact.
2. Does this project require approval of the Committee for the Protection of Human Subjects?
Yes ☐ No ☐
If yes, please enclose a copy of all materials submitted to the Committee and a copy of the letter approving the requestor's proposed use of these data. (Please see page 4 for additional information regarding the Committee for the Protection of Human Subjects.)
3. SAS is the standard file format for recent files. If another format and/or medium is required, please specify: _____
4. The data are to include the following year(s): _____
5. Was this data previously requested? ☐ Yes ☐ No
a. If yes, what was the date of the request: _____
b. If yes and this request modifies or changes the expected uses of the files, please describe the changes: _____
6. What safeguards are in place to protect the data from access by unauthorized users or other misuse?
7. When is the data needed? Date: ____/____/____
8. Approximate completion date for the described project? Ending Date: ____/____/____
Describe how and when you will return or destroy the original file copy and all copies made from it after completion of this project.
9. Will work on this project involve outside contractors?
Yes ☐ No ☐

STATEMENT OF AGREEMENT TO MAINTAIN PATIENT CONFIDENTIALITY

In consideration of any Office of Statewide Health Planning and Development (OSHPD) data received through the CDPH Center for Health Statistics, I agree to preserve the confidentiality of patient(s) according to all applicable laws of the State of California. I will notify the CHS immediately if any individual accessing these data is added or deleted.

Only those individuals named below or on attached list will have access to these confidential data elements to accomplish the stated task.

Name(s): _____ Organization(s): _____

Requestor Name:

Signature: _____ Date: _____

Return to:

Jane McKendry
Chief, Office of Health Information and Research
1616 Capitol Avenue, Suite 74.165, MS 5101
PO Box 997410
Sacramento, CA 95899-7410
916-552-8102 (voice) 916-650-6889 (fax)
jmckendr@dhs.ca.gov

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**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

(Code of Federal Regulations, Title 45. Public Welfare, Part 46. Protection of Human Subjects)

In general, review and approval of research protocols is required by the Health and Welfare Agency Committee for the Protection of Human Subjects where a human subject might be exposed to a possibility of injury or harm (physical, psychological, or social) as a consequence of participation as a subject in a research project. No human subject is put at risk by a research project that uses purely statistical data which are anonymous and not traceable to individuals by the investigator and where there is a reasonable probability that the individuals to whom the data pertain consented or would have consented to the general availability of the data and its use. However, even if a purely statistical study is made of data which by its nature allows the investigator to trace the identity of subjects, then human subjects are at risk, notwithstanding the possibility that no one except the researcher is able to trace the identity of the subjects. Under similar circumstances, a research project may require review and approval by the Health and Welfare Agency Committee for the Protection of Human Subjects. Notwithstanding the above, in general the use of identifiable data for public health surveillance and administrative purposes by DHS staff does not constitute research and does not require CPHS review.

Please contact the CPHS 1600 Ninth St., Room 432, Sacramento, CA 95814, (916) 653-0176 if you need further information on Health and Human Services Agency Committee for the Protection of Human Subjects.

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Rev. 3/30/2007